

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	SM		7/27/00
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	CM	71632	9/13/00
RESPONSE FORMALITY REVIEW		71632	10/23/00

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)..... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Best Available Copy

Claim	Final	Original	Date
1	✓	1-21-00	
2	✓	✓	
3	✓	✓	
4	✓	✓	
5	✓	✓	
6	✓	✓	
7	✓	✓	
8	✓	✓	
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46	✓	✓	
47	✓	✓	
48	✓	✓	
49	✓	✓	
50	✓	✓	

Claim	Final	Original	Date
51	✓	7-1-04	
52	✓	✓	
53	✓	✓	
54	✓	✓	
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56	✓	✓	
57	✓	✓	
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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